

EXHIBIT 14

System Is Compliant with NJAC 5:70-3 System Is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Chief fire Equipment and Service Co.
269 Main street- Lodi, N.J.
973-473-7444

EMAIL: chieffirequip@optonline.net

KITCHEN SYSTEM REPORT - PAGE 1

COMPANY	ELANKEY HALL	CONTACT	WILL
ADDRESS	451 DORRINS	CITY	NEWARK
AHJ/FIRE PROTECTION DISTRICT		STATE	N.J.
INSPECTION TYPE			

WORK ORDER NUM.	DATE,	Hazard Area Protected	
48164	1-16-24		
SYSTEM MODEL	SYSTEM CAPACITY	SYSTEM TYPE	NUMBER OF CIRCS
LINDE	66 GAL	WET	2
PHONE	FAX		
973 592-1005			
INITIAL		ANNUAL	RECOMMENDED

NOTE: USE TAB BUTTON TO MOVE CURSOR

- 1 Last Serviced by? CHIEF FIRE
- 2 Were building personnel notified of the inspection?
- 3 Was the monitoring company notified?
- 4 System found charged and functioning at time of technician's arrival?
- 5 System un-tampered with since last visit?
- 6 System found to be proper pressure upon arrival?
- 7 Duct-type filters installed in hood?
- 8 System (and appliance layout) appear unchanged since last service?
- 9 Were the nozzle caps in place at time of arrival?
- 10 Visible piping and nozzles properly connected, braced, and free of damage?
- 11 Piping/conduit/cabling free from observable obstructions?
- 12 Nozzle(s) inspected and found to be clear of obstructions?
- 13 Correct nozzle type(s) for protected equipment, plenum and ducts?
- 14 Nozzle(s) properly positioned over appliances?
- 15 Nozzle(s) properly positioned in duct(s) and plenum(s)?
- 16 Is there a fan warning sign on hood?
- 17 Few points/extinguishing agent within min's allowed minimum?
- 18 Hazard configuration appeared to remain unchanged?
- 19 Are all observable penetrations to the hood and duct sealed?
- 20 No readily observable obstructions or interference, that could impact effectiveness of the suppression system?
- 21 System cleaned per manufacturer's recommendations?
- 22 Mechanical detector (or switch) found to operate properly?
- 23 Proper number and placement of detectors/sensors?
- 24 Did the system operate properly after activation of a manual pull station?
- 25 Gas shutoff valve installed and working properly (gas detection)
- 26 Installed fans with proper temperature rating?
- 27 Is the manual reset for electric gas valves operational?
- 28 Did all electrical appliances shut off upon system operation?
- 29 Did all gas appliances shut off upon system operation?
- 30 Did the make-up air shut down?
- 31 Did the alarm system activate when the system tripped?
- 32 Did control head(s)/sprayer assembly device(s) operate properly?
- 33 Cylinder Pressure 75 ps
- 34 Hydrostatic test date of cylinder checked. Date _____
- 35 Were all cylinders free of signs of internal corrosion and/or damage?
- 36 Are all cylinders properly mounted?
- 37 Cartridge inspected or replaced with recommended interval (if applicable)? Weight _____

300	<input type="checkbox"/>
350	<input type="checkbox"/>
400	<input type="checkbox"/>
450	<input type="checkbox"/>
500	<input type="checkbox"/>
550	<input type="checkbox"/>
600	<input type="checkbox"/>
650	<input type="checkbox"/>
700	<input type="checkbox"/>
750	<input type="checkbox"/>
800	<input type="checkbox"/>
850	<input type="checkbox"/>
900	<input type="checkbox"/>
950	<input type="checkbox"/>
1000	<input type="checkbox"/>

200	<input type="checkbox"/>
250	<input type="checkbox"/>
300	<input type="checkbox"/>
350	<input type="checkbox"/>
400	<input type="checkbox"/>
450	<input type="checkbox"/>
500	<input type="checkbox"/>
550	<input type="checkbox"/>
600	<input type="checkbox"/>
650	<input type="checkbox"/>
700	<input type="checkbox"/>
750	<input type="checkbox"/>
800	<input type="checkbox"/>
850	<input type="checkbox"/>
900	<input type="checkbox"/>
950	<input type="checkbox"/>
1000	<input type="checkbox"/>

200	<input type="checkbox"/>
250	<input type="checkbox"/>
300	<input type="checkbox"/>
350	<input type="checkbox"/>
400	<input type="checkbox"/>
450	<input type="checkbox"/>
500	<input type="checkbox"/>
550	<input type="checkbox"/>
600	<input type="checkbox"/>
650	<input type="checkbox"/>
700	<input type="checkbox"/>
750	<input type="checkbox"/>
800	<input type="checkbox"/>
850	<input type="checkbox"/>
900	<input type="checkbox"/>
950	<input type="checkbox"/>
1000	<input type="checkbox"/>

NOTIFICATION OF DEFICIENCIES

CUSTOMER SIGNATURE: _____

A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY CONCERN that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.



CHIEF FIRE EQUIPMENT & SERVICE CO.

• SINCE 1965 •

P.O.BOX 735
LODGE, N.J. 07644

447

KITCHEN SYSTEM REPORT - PAGE 8

<u>DeLANEY Hall</u> <u>451 DORRANCE AVE</u>		<u>Will</u>	<u>973-592-1009</u>				
		<u>Newark</u>	<u>NJ</u>				
<table border="0"> <tr> <td style="vertical-align: top;"> 33 Test equipment, keeper pins, etc., removed from system? 35 Did the [gas] line has proper labeling? 40 Was the control hand ready? 41 Were all fuel sources and power sources? 42 Were all pilot lights supplied by the gas valve unit? 43 Were combustible(s) used - electric appliances "on"? 44 Any oil tanks caps in place? 45 Were all filters maintained? 46 Were all cartridges reinstalled? (if applicable) 47 Temperature releasing device(s) meet properly? </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="vertical-align: top;"> 48 Operator's manual on site? 49 Does K-pacific configuration module and primary module? 50 Remote manual released free from distribution to operator? 51 Has the system been placed back in service? 52 Monitoring company notified that the system is back in full service? 53 Were building personnel notified of the system inspection? 54 Have you received a signature from the building personnel? 55 Inspection tag affixed to system? </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>				33 Test equipment, keeper pins, etc., removed from system? 35 Did the [gas] line has proper labeling? 40 Was the control hand ready? 41 Were all fuel sources and power sources? 42 Were all pilot lights supplied by the gas valve unit? 43 Were combustible(s) used - electric appliances "on"? 44 Any oil tanks caps in place? 45 Were all filters maintained? 46 Were all cartridges reinstalled? (if applicable) 47 Temperature releasing device(s) meet properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 Operator's manual on site? 49 Does K-pacific configuration module and primary module? 50 Remote manual released free from distribution to operator? 51 Has the system been placed back in service? 52 Monitoring company notified that the system is back in full service? 53 Were building personnel notified of the system inspection? 54 Have you received a signature from the building personnel? 55 Inspection tag affixed to system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
33 Test equipment, keeper pins, etc., removed from system? 35 Did the [gas] line has proper labeling? 40 Was the control hand ready? 41 Were all fuel sources and power sources? 42 Were all pilot lights supplied by the gas valve unit? 43 Were combustible(s) used - electric appliances "on"? 44 Any oil tanks caps in place? 45 Were all filters maintained? 46 Were all cartridges reinstalled? (if applicable) 47 Temperature releasing device(s) meet properly?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 Operator's manual on site? 49 Does K-pacific configuration module and primary module? 50 Remote manual released free from distribution to operator? 51 Has the system been placed back in service? 52 Monitoring company notified that the system is back in full service? 53 Were building personnel notified of the system inspection? 54 Have you received a signature from the building personnel? 55 Inspection tag affixed to system?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP <p><input type="checkbox"/> A note made in the comment box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly licensed, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or estimates made by our service technician regarding grease build up are for informational purposes only and are based on visually observable conditions at the time of service.</p>							
Authorized Customer Representative		Authorized Company Representative					
SIGNATURE: _____		SIGNATURE: <u>J.P.</u>					
PRINT NAME: _____		PRINT NAME: <u>OTTO DeLANGE</u>					
CERTIFICATION NUMBER: _____		CERTIFICATION NUMBER: <u>P000250</u>					

System is Compliant with NFAC 5.70-8

System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ



Chief Fire Equipment and Service Co.
288 Main Street - Lodi, N.J.
973-473-7444
EMAIL: chieffirequip@optonline.net

KITCHEN SYSTEM REPORT - PAGE 1

COMPANY <i>Dorsey Hall</i>	CONTACT <i>Will</i>
ADDRESS <i>451 Doremus Ave</i>	CITY <i>N.J.</i>
AHJ/FIRM PROTECTION DISTRICT	INSTRUCTION TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/>

WORK ORDER NUM. <i>48430</i>	DATE <i>6-14-24</i>	HAZARD AREA PROTECTED	
SYSTEM NAME <i>KDD2</i>	OPERATING CAPACITY <i>Twin 6 Gal</i>	SYSTEM TYPE <i>WET</i>	NUM OF CYL. <i>2</i>
PHONE <i>973-592-1005</i>	FAX		
STATE <i>N.J.</i>	ZIP	CUSTOMER NUMBER	

NOTE: USE TAB BUTTON TO MOVE CURSOR

1 Last serviced by? <i>CHIEF FIRE</i>	22 System cleaned per manufacturer's recommendations?
2 Were building personnel notified of the inspection?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
3 Was the monitoring company notified?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 System found charged and functioning at time of technician's arrival?	<input checked="" type="checkbox"/> <input type="checkbox"/>
5 System un-tampered with since last visit?	<input type="checkbox"/> <input checked="" type="checkbox"/>
6 System found to be proper pressure upon arrival?	<input type="checkbox"/> <input checked="" type="checkbox"/>
7 Della-type filter installed in hood?	23 Mechanical detection line tested and found to operate properly?
8 System (and appliance layout) appear unchanged since last service?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 Were the smoke caps in place at time of arrival?	24 Did the system operate properly from activation of a manual pull station?
10 Visible piping and service properly connected, braced, and free of damage?	25 Gas shut-off valve installed and working properly? (Note location)
11 Piping/equipment/cabling free from observable obstructions?	26 Replaced links with proper temperature rating?
12 Hood(s) inspected and found to be clear of obstructions?	<input type="checkbox"/> <i>2 at 360 Degrees at _____ Degrees</i>
13 Correct nozzle type(s) for protected equipment, plenum and duct?	<input type="checkbox"/> <i>1 at 360 Degrees at _____ Degrees</i>
14 Nozzle(s) properly positioned over appliances?	<input type="checkbox"/> <i>_____ at _____ Degrees at _____ Degrees</i>
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	27 Is the manual reset for electric gas valves operational?
16 Is there a fire warning sign on hood?	28 Did all electrical appliances shut off upon system operation?
17 Flow points/extinguishing agent within mg's allowed maximum?	29 Did all gas appliances shut off upon system operation?
18 Head configuration appeared to remain unchanged?	30 Did the make-up air shut down?
19 Are all observable penetrations to the hood and duct sealed?	31 Did the alarm system activate when the system tripped?
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	32 Did control head(s)/cylinder releasing device(s) operate properly?
	33 Cylinder Pressure <i>125 psi</i>
	34 Hydrostatic test date of cylinder checked. Due: _____
	35 Were all cylinders free of signs of external corrosion and/or damage?
	36 Are all cylinders securely mounted?
	37 Cartridge inspected or replaced with mg's recommended interval (if applicable)? Weight <i>N/A</i>

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS _____

A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY CONCERN that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY <u>BLAZER HALL</u>	CONTACT <u>Will</u>	PHONE <u>973-592-1004</u>	FAX
ADDRESS <u>951 Doernbos Ave</u>	CITY <u>Newark</u>	STATE <u>N.J.</u>	ZIP
		CUSTOMER NUMBER	

- | | | | | | |
|----|--|---|----|--|---|
| 36 | Test adapters/links, jumper pins, etc., removed from system? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 48 | Operator's manual on site? | <input type="checkbox"/> <input type="checkbox"/> |
| 39 | Detention (link) line has proper tensioning? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 49 | Clean K portable extinguisher available and properly serviced | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 40 | Was the control read reset? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 50 | Remote manual release free from obstructions & operable? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 41 | Were all fuel sources and power restored? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 51 | Has the system been placed back in service? | <input type="checkbox"/> <input type="checkbox"/> |
| 42 | Were all pilot lights supplied by the gas valve unit? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 52 | Monitoring company notified that the system is back to full service? | <input type="checkbox"/> <input type="checkbox"/> |
| 43 | Microswitches/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 53 | Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 44 | Are all nozzle caps in place? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 54 | Have you received a signature from the building personnel? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 45 | Were all filters reinstalled? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 55 | Inspection tag affixed to system? | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 46 | Were all cartridges reinstalled? (if applicable) | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | | |
| 47 | Tandem/glove releasing device(s) reset correctly? | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | | |

NOTIFICATION OF SIMILARITY DATES OF PUBLICATION

A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

CUSTOMER INITIALS:

Authorized Customer Representative
SIGNATURE: _____
PRINT NAME: _____

Authorized Company Representative
SIGNATURE: of
PRINT NAME: otto de Peus
CERTIFICATION NUMBER: P00150



Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 3

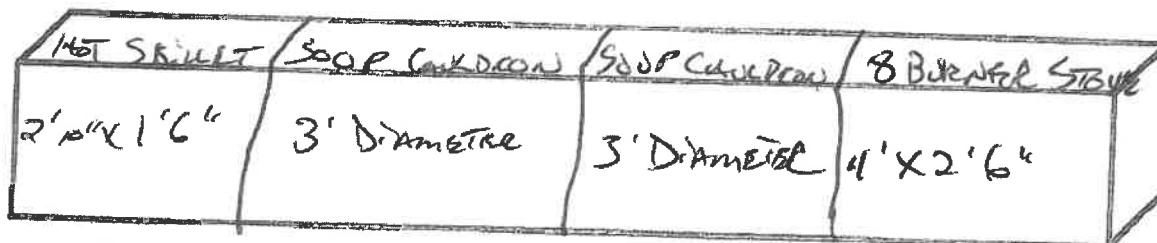
COMPANY ADDRESS 451 Doremus Ave	CONTACT W.L.C. CITY Newark	PHONE 973-572-1205 STATE N.J.	FAX ZIP CUSTOMER NUMBER
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Hood Size 28'8" x 4'8"

Duct Quantity & Size 2 28x20



Label All Appliances



Size _____

Notes/Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connection to Alarm? Yes No

Gas Valve: Yes No Size: _____

Nozzle Quantity: Duct Plenum Appliance

Gas Valve Style: Electrical Mechanical

Remote Pull: Yes No Location PRIVATE WALL

Gas Valve Location BEHIND STOVE Type: Release Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION



✓ DT
CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O.BOX 735
LODI, N.J. 07644
PH:(973) 473-7444 * FAX (973) 473-8587

Inv # 129517360
Date 06/21/2024
Terms NET 10
D.T. # 48430
Cust po

DEHA
DELANEY HALL
COMMUNITY CORRECTIONS
451 DOREMUS AVENUE
C/O TERRY WILLIAMS
NEWARK, NJ 07105

DEHA
DELANEY HALL
DELANEY HALL
451 DOREMUS AVENUE
NEWARK NJ 07105

Email address tewilliams@geogroup.com

QTY	ITEM DESCRIPTION	PRICE	EXTENSION
1	TWIN 6GAL.KIDDE WET.SYS.SERV.	275.00	275.00
2	360 DEG.FUSIBLE LINK SUPP	25.50	51.00
1	500 DEG.FUSIBLE LINK	28.50	28.50
2	6.GAL.RANGEGURAD/KIDDE.WET.CHEM.VALVE.REPAI	275.50	551.00
2	6.GALLON.KIDDE.SYSTEM.REFILL	1465.00	2930.00
1	TRIP SURCHARGE	125.00	125.00

CHIEF FIRE EQUIPMENT & S
269 N MAIN ST
LODI, NJ 07644

06/12/2024 11:34

Sale

Trans #: 2 Batch #: 2
01SA Manual
AMERICAN EXPRESS 0574 ***/**

BASE AMT: \$4222.88

Non-Cash Amt \$147.88
TOTAL AMT: \$4370.68

Resp: AUTH/TXT 634516
Code: 034516
Ref #: 384225562421606

port rendered on payment

Sub total 3,960.50

SALES TAX 262.38

MISCEL. CHARGE

tot-inv-amnt

4222.88

Inv # 129517360

R CENT CHARGE ON ALL CARDS

WE ACCEPT CREDIT CARDS

CAN EXPRESS - VISA - MASTER CARD

PLEASE SEND YOUR EMAIL ADDRESS:
BY PHONE-BY MAIL-OR EMAIL US AT:
CHIEFFIREQUIP@OPTONLINE.NET
SYSTEM REPORTS ARE EMAILED

THANK YOU

CUSTOMER COPY

DAY'S ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)

System Is Compliant with NJAC 5:70-3

System Is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHU



Chief Fire Equipment and Service Co.
269 Main Street - Lodi, N.J.
973-473-7444
EMAIL: chieffirequip@optonline.net

KITCHEN SYSTEM REPORT - PAGE 1

COMPANY	DELANEY + HALL	CONTACT	LAWRENCE WARD
ADDRESS	651 Doremus Ave.	CITY	NEWARK
AHU/FIRE PROTECTION DISTRICT		STATE	N.J.

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
12-4-24			
SYSTEM MFG.	PHONE	SYSTEM CAPACITY	SYSTEM TYPE
KITTE	773-274-0115	6000	6er
		FAX	
INSPECTION TYPE	ZIP		
	CUSTOMER NUMBER		

INITIAL ANNUAL SEMI-ANNUAL

NOTE: USE TAB BUTTON TO MOVE CURSOR

- 1 Last Serviced by CHIEF FIRE
- 2 Were building personnel notified of the inspection?
- 3 Was the monitoring company notified?
- 4 System fund charged and functioning at time of technician's arrival?
- 5 System un-tampered with since last visit?
- 6 System found to be proper pressure upon arrival?
- 7 Duct-type filters installed in hood?
- 8 System (and appliance layout) appear unchanged since last service?
- 9 Were the nozzle caps in place at time of arrival?
- 10 Viehs piping and nozzles properly connected, braced, and free of damage?
- 11 Piping/conduit/cabling free from observable obstructions?
- 12 Nozzle(s) inspected and found to be clear of obstructions?
- 13 Correct nozzle type(s) for protected equipment, plenum and duct?
- 14 Nozzle(s) properly positioned over appliances?
- 15 Nozzle(s) properly positioned in duct(s) and plenum(s)?
- 16 Is there a fire warning sign on hood?
- 17 Flow points/extinguishing agent within mig's allowed maximum?
- 18 Hazard configuration appeared to remain unchanged?
- 19 Are all observable penetrations to the hood and duct sealed?
- 20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?
- 21 System disarmed per manufacturer's recommendations?
- 22 Mechanical detection line tested and found to operate properly?
- 23 Proper number and placement of detection/info?
- 24 Did the system operate properly from activation of a manual pull station?
- 25 Gas shut-off valve installed and working properly? (Note location)
- 26 Replaced coils with proper temperature rating?
- 27 In the manual reset for electric gas valves operational?
- 28 Did all electrical appliances shut off upon system operation?
- 29 Did all gas appliances shut off upon system operation?
- 30 Did the make-up air shut down?
- 31 Did the alarm system activate when the system tripped?
- 32 Did control head(s)/cylinder releasing device(s) operate properly?
- 33 Cylinder Pressure 475 ps
- 34 Hydrostatic test date of cylinder checked 1/2020 2024
- 35 Were all cylinders free of signs of external corrosion and/or damage?
- 36 Are all cylinders securely mounted?
- 37 Cartridge inspected or replaced with mig's recommended interval (if applicable)? Weight 141

NOTIFICATION OF DEFICIENCIES

A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an IMMEDIATE AND SERIOUS SAFETY CONCERN that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

CUSTOMER INITIALS: _____

Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY <i>EL ANTE HOTEL</i>	CONTACT <i>CAROLINA WALTERS</i>	PHONE <i>973-274-0115</i>	FAX
ADDRESS <i>451 Doremus Ave</i>	CITY <i>NEWARK</i>	STATE <i>N.J.</i>	ZIP
		CUSTOMER NUMBER	

- | | | | |
|---|---|---|---|
| 38 Test adapters/links, keeper pins, etc., removed from system? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 48 Operator's manual on site? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 39 Detection (link) line has proper tensioning? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 49 Class K portable extinguisher available and properly serviced | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 40 Was the control read reset? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 50 Remote manual release free from obstructions & operable? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 41 Were all fuel sources and power restored? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 51 Has the system been placed back in service? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 42 Were all pilot lights supplied by the gas valve relit? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 52 Monitoring company notified that the system is back in full service? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 43 Microswitch/relay(s) reset - electric appliances "on"? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 53 Were building personnel notified of the system condition? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 44 Are all nozzle caps in place? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 54 Have you received a signature from the building personnel? | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 45 Were all filters reinstalled? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 55 Inspection tag affixed to system? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 46 Were all cartridges reinstalled? (if applicable) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 47 Tandem/silve releasing device(s) reset properly? | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

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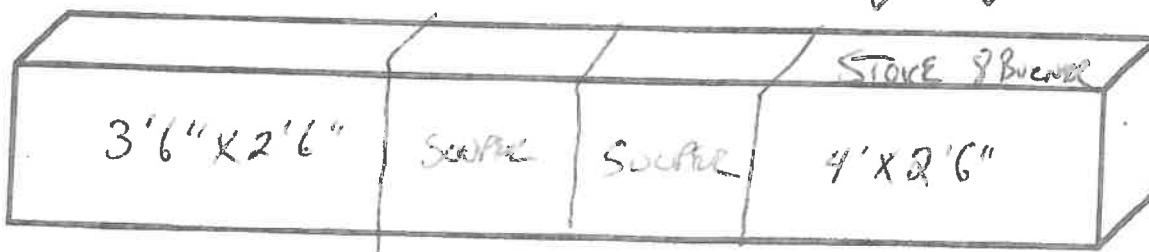
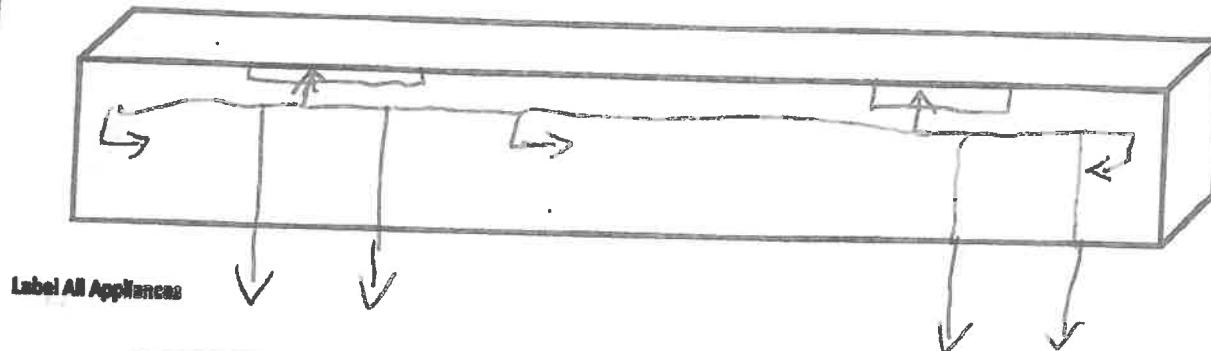
Chief Fire Equipment and Service Co.

KITCHEN SYSTEM REPORT - PAGE 3

COMPANY WILKINSON HALL	CONTACT LAWRENCE WILKINSON	PHONE 732-274-0115	FAX
ADDRESS 457 DOVERAUS AVE	CITY Newark	STATE N.J.	ZIP
			CUSTOMER NUMBER

Hood Size: 29' x 4'6"

Duct Quantity & Size: 8 28x24



Size _____

Notes/Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connection to Alarm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Valve: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size: _____
Nozzle Quantity: Duct <input checked="" type="checkbox"/> Plenum <input type="checkbox"/> Appliance <input type="checkbox"/>	Gas Valve Style: Electrical <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/>
Remote Pull: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Location <u>By side of wall</u>	Gas Valve Location <u>BEHIND STOVE</u> Type: Release <input type="checkbox"/> Pull <input type="checkbox"/>

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION



(SINCE 1965)

CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O. BOX 735 LODI, N.J. 07644

(973) 473-7444 (201) 332-5252 FAX (973) 473-8587

DATE 12 14 124

DEHA
DELANEY HALL
451 DOREMUS AVENUE
NEWARK **NJ** **07103**
973 274-0115

JS loc c DEHA
DELANEY HALL
451 DOREMUS AVENUE
NEWARK NJ 07104
973 274-0115
LANIER WALTON

CONTACT-LANIER WALTON-CELL-973-634-7187--MUST HAVE PO#

SERVICE TIME

YR. () 6MON (✓) 3MON () MON ()
SVC.CALL () \$125.00 per visit

(S)=SVC. (R)=REFILL (H)=HYDRO-TEST (6)= 6 YR.

PAY TYPE: CASH () CARD () CHECK ()

TECHNICIAN:

OTTO

SUB TOTAL:

SALES TAX

TOTAL:

REMARKS:

SIGNATURE

PRINT NAME:

INVOICES BEYOND 30 DAYS ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)



" SINCE 1965 "

CHIEF FIRE EQUIPMENT & SERVICE CO.

P.O.BOX 735
LODI, N.J. 07644
PH:(973) 473-7444 * FAX (973) 473-8587

Inv #	129518277
Date	12/04/2024
Terms	NET 10
D.T. #	48430
Cust po	

DEHA

DELANEY HALL
COMMUNITY CORRECTIONS
451 DOREMUS AVENUE
C/O TERRY WILLIAMS
NEWARK, NJ 07105

DEHA
DELANEY HALL
DELANEY HALL
451 DOREMUS AVENUE
NEWARK

NJ 07105

Email address tewilliams@geogroup.com

QTY	ITEM DESCRIPTION	PRICE	EXTENSION
1	TWIN 6GAL.KIDDE WET.SYS.SERV.	275.00	275.00
2	360 DEG.FUSIBLE LINK SUPP	25.50	51.00
1	500 DEG.FUSIBLE LINK	28.50	28.50
1	SERVICING CHARGE,OFFICE,OVERHEAD,HAZMAT.FEE	125.00	125.00

MERCHANT COPY

CHIEF FIRE EQUIPMENT & S
269 N MAIN ST
LODI, NJ 07644

12/06/2024 14:48

Sale
Trans #: 5 Batch #: 2
VISA Manual
MM/DD/YY

BASE AMT: \$511.27

Non Cash Adj: \$17.89
TOTAL AMT: \$529.16

Res#: AUTH/TKT 056641
Code: 056641
Ref #: 584341675011902

BOX 735 LODI, N.J. 07644

Sub total 479.50

SALES TAX 31.77

MISCEL. CHARGE

tot-inv-amnt 511.27

Inv # 129518277

CENT CHARGE ON ALL CARDS

ACCEPT CREDIT CARDS

EXPRESS - VISA - MASTER CARD

PLEASE SEND YOUR EMAIL ADDRESS:
BY PHONE-BY MAIL-OR EMAIL US AT:
CHIEFFIREQUIP@OPTONLINE.NET
SYSTEM REPORTS ARE EMAILED

THANK YOU

*S ARE SUBJECT TO SERVICE CHARGE 2% PER MONTH (24% PER ANNUM)

CUSTOMER COPY